

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other injection well

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. Box 400, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FSL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other)

SUBSEQUENT REPORT OF

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-
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RECEIVED

NOV 24 1982

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

CO WTFW to 4620' Set CIBP @ 4000' Set RBP @ 3850' w/ 25# sd on top. Spct 90 gals of 15% L.S. VE HCL acid from 3650' - 3782'. Perf from 3650' - 3782' w/ 2 SSPF. Total 28 shots & 14 feet. Set intg pkr @ 3600' Pump 2800 gals acid, flush w/ 25 bbls TFW. Saw frac new parts from 3650' - 3782' w/ 27,000 gals produced wtr containing 4 hour- 80° breaker, 25# fluid loss additive and 40# Guar Gum per 1000 gals, and 30,000 # ct 20-40 sd. Total frac fluid: 10,000 gals & 15,000 # sd. (2 stages) Flush to 3600' w/ gelled wtr. Release RBP & pkr. Set pkr @ 3600', rig down, put on injection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Administrative Supervisor DATE 11-23-82

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 30 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR